

Foster Family Home - Corrective Action Report

Provider ID: 1-130048

Home Name: Imelda Vea, CNA

94-462 Alapine Street

Waipahu

HI 96797

Review ID: 1-130048-7

Reviewer: Julie Hastings

Begin Date: 2/21/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Annual inspection conducted for this 3 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/23/2020.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)
No Fingerprint for HHM#3

8.(a)(2)
No APS/CAN for HHM#3
CG#4 APS/CAN lapsed. Was done on 8/20/15. Was due on or before 8/20/17 and again on 8/20/19. Was done on 8/23/17.
No 2019 APS/CAN in binder.

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)
HHM#3 has no confidentiality/privacy training

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Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8)

CG#4 Blood borne pathogen expired on 5/10/2019. No current blood borne pathogen in binder.

41.(c)

CG#3 had only 10 hours annual training for 2019. All caregivers in a 3 client home are required to have a minimum of 12 hours annual training.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff

Sign in/Sign out sheet is not current. last entry is March 2019.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire

There were no 2019 fire drills in the home.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)

No current monthly budget. Last available was Feb 2019.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)

Under the my choice, my way MedQuest rules, clients must be able to lock their bedroom and bathroom doors for privacy. Client #1's bedroom door cannot be locked or unlocked by client safely.

Julie Hastings BSN, RN
Compliance Manager

Donald A. Vu
Primary Care Giver

2/21/2020
Date

2/21/2020
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Acerson Carehome LLC *Imelda Vea*
CCFFH Address: 94-462 Alapine Street, Waipahu, Hi, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1) 8(a)2	HHM#3 fingerprint was scheduled. APS/CAN scheduled - now Resulted	2/26/20 4/8/20	Home understands the fingerprinting requirement. Home will use a reminder note for the requirement due date and has it posted in front of the household member binder.
8.(a)(2)	CG#4 APS/CAN was obtained. It was placed into personnel binder.	2/22/20	Home will use a reminder note 2 months before the expiration date to allow time to get it done before it is due and put it in front of the SCG binder.
16.(b)(5)	HHM#3 was trained on confidentiality and signed the form. Home placed the form into household member binder.	2/22/20	Home will make a note that a substitute or household member should be trained on confidentiality and scheduled it prior to/or before being added to the home record.

Primary Caregiver's Signature: *Imelda A. Vea*

Print Name: IMELDA A. VEA

Date of Signature: 2/29/20

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Acerson Carehome LLC *Imelda Vea*
CCFFH Address: 94-462 Aapine Street, Waipahu, Hi, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	CG#4 Bloodborne Pathogens was obtained. Placed into home record.	2/23/20	Home will use calendar to write down deadlines 2 months before expiration date to allow time for completion.
41.(c)	Lapse cannot be corrected.	2/23/20	Home understands the 12 hours annual training requirement for a 3 client home. Home will use a reminder note when to attend such training and put it in front of the refrigerator to identify when requirement is due.
(3P)(b)(2)	Lapse cannot be corrected.	2/25/20	In the absence of a PCG, there is a substitute caregiver (CNA) for 8 hours or more and not more than 5 hours for (NA). Home should always have sign-in/sign-out ready to be signed.

Primary Caregiver's Signature: *Imelda A. Vea*

Print Name: IMELDA A. VEA

Date of Signature: *2/29/20*

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Acerson Carehome LLC - Imelda Vea
CCFFH Address: 94-462 Alapine Street, Waipahu, Hi, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(3P)(b)(1)	Lapse cannot be corrected. Fire Drill for the present month was done by CG#2. Form was place into home binder.	2/28/20	Home should develop a monthly fire drill schedule and posted it infront of the refrigerator.
52.(b)	Lapse cannot be corrected	2/22/20	Home needs a sufficient monthly budget in order to maintain a proper and smooth operation. The primary caregiver should make the budget on or before each month and put into home binder.
53.(b)(9)	Client#1's bedroom door lock is fixed. The handle with lock is in the inside, so that the client can lock the door whenever she wants to.	2/21/20	Home uderstands and observes the rule under Medquest "my choice, my way" that all clients room door can be lock to ensure privacy and safety. Therefore, home should always check the door lock.

Primary Caregiver's Signature: Imelda A. Vea

Print Name: IMELDA A. VEA

Date of Signature: 2/29/20